



CAD/CAM TRANSFEMORAL (AK) WORK ORDER / FABTECH SYSTEMS CFAB

PO #: _____ Date: _____

Contact Name: _____ Contact Phone #: _____

Cell Phone (Text) #: _____ Email: _____

Company Name: _____

Return Shipping:	
<input type="checkbox"/>	UPS Ground
<input type="checkbox"/>	UPS 3 Day
<input type="checkbox"/>	UPS 2 Day
<input type="checkbox"/>	UPS Next Day

CAD/CAM TRANSFEMORAL (AK) SPECIFICATIONS

Patient Name: _____ Height: _____ Weight: _____ Age: _____

Side Effected: Left Right Activity Level: 1 2 3 4

Template:	
<input type="checkbox"/>	Cad Cam
<input type="checkbox"/>	Knee Disartic
<input type="checkbox"/>	Narrow ML 1
<input type="checkbox"/>	Narrow ML 2
<input type="checkbox"/>	Narrow ML 3
<input type="checkbox"/>	Narrow ML 4
<input type="checkbox"/>	Narrow ML 5
<input type="checkbox"/>	Narrow ML 6
<input type="checkbox"/>	Quad 1
<input type="checkbox"/>	Quad 2
<input type="checkbox"/>	Quad 3
<input type="checkbox"/>	Quad 4
<input type="checkbox"/>	Soft ML
<input type="checkbox"/>	Soft Quad

Reference Point "Ischium":	
<input type="checkbox"/>	@ 2"
<input type="checkbox"/>	@ 4"
<input type="checkbox"/>	@ 6"
<input type="checkbox"/>	@ 8"
<input type="checkbox"/>	@ 10"
<input type="checkbox"/>	@ 12"
Total Length	<input style="border: 2px solid black;" type="text"/>

Other Information:	
<input type="checkbox"/>	Increase Ply +
<input type="checkbox"/>	Decrease Ply -
<input type="checkbox"/>	Flexion - / +
<input type="checkbox"/>	Adduction - / +
<input type="checkbox"/>	Soft ML

Bulbous: Narrow Square

Socket Construction:			
<input type="checkbox"/>	Drape Form	<input type="checkbox"/>	P.E.T.G. (Clear)
<input type="checkbox"/>	Blister Form	<input type="checkbox"/>	OttoBock Thermolyn
<input type="checkbox"/>		<input type="checkbox"/>	Copoly (White)
<input type="checkbox"/>		<input type="checkbox"/>	Polypropylene

Fabrication Instructions:



AE/BE PROSTHETIC WORK ORDER / FABTECH SYSTEMS CFAB

PO #: _____ Date: _____

Contact Name: _____ Contact Phone #: _____

Cell Phone (Text) #: _____ Email: _____

Company Name: _____

Return Shipping:	
<input type="checkbox"/>	UPS Ground
<input type="checkbox"/>	UPS 3 Day
<input type="checkbox"/>	UPS 2 Day
<input type="checkbox"/>	UPS Next Day

AE/BE PROSTHETIC SPECIFICATIONS

Patient Name: _____ Height: _____ Weight: _____ Age: _____

Side Effected: Left Right

Activity Level: 1 2 3 4

Socket Color: Caucasian Negroid Other / Swatch Info: _____

Socket Construction: Open Socket Split Socket Light Weight Standard Weight Heavy Weight

Wrist Type: _____ Elbow Type: _____ Hinge Type: _____

Hook Model Used: _____ Hand Model Used: _____

Harness Style: _____ Cuff Style: _____

Cable Type:	
<input type="checkbox"/>	Standard
<input type="checkbox"/>	Heavy Duty
<input type="checkbox"/>	Teflon

Fabrication Instructions:



TRANSTIBIAL (BK) WORK ORDER / FABTECH SYSTEMS CFAB

PO #: _____ Date: _____

Contact Name: _____ Contact Phone #: _____

Cell Phone (Text) #: _____ Email: _____

Company Name: _____

Return Shipping:	
<input type="checkbox"/>	UPS Ground
<input type="checkbox"/>	UPS 3 Day
<input type="checkbox"/>	UPS 2 Day
<input type="checkbox"/>	UPS Next Day

TRANSTIBIAL (BK) SPECIFICATIONS

Patient Name: _____ Height: _____ Weight: _____ Age: _____

Side Effected: Left Right

Activity Level: 1 2 3 4

Fabrication Instructions:	
<input type="checkbox"/>	Add Valve
<input type="checkbox"/>	Add Shuttle Lock
<input type="checkbox"/>	Bench Alignment
<input type="checkbox"/>	ICEX Pads In Socket
<input type="checkbox"/>	Add Socket Trim

Distal End Pad / Liners:	
<input type="checkbox"/>	Distal End Pad / P-Zote
<input type="checkbox"/>	Distal End Pad / RTV
<input type="checkbox"/>	Pelite Liner
<input type="checkbox"/>	Pelite / Leather
<input type="checkbox"/>	Multidensity

Socket Fabrication:	
<input type="checkbox"/>	BK Check Socket
<input type="checkbox"/>	Flexible Inner Socket
<input type="checkbox"/>	Gano Socket (1/3 Proflex)
<input type="checkbox"/>	Polypro Outer Frame
<input type="checkbox"/>	Laminated Socket / Non-Carbon
<input type="checkbox"/>	Laminated Socket Carbon

Other Information:	
Lamination Color:	
Residual Limb Flexion:	
Set Socket Inflexion:	
Heel Height:	



TRANSFEMORAL (AK) WORK ORDER / FABTECH SYSTEMS CFAB

PO #: _____ Date: _____

Contact Name: _____ Contact Phone #: _____

Cell Phone (Text) #: _____ Email: _____

Company Name: _____

Return Shipping:	
	UPS Ground
	UPS 3 Day
	UPS 2 Day
	UPS Next Day

TRANSFEMORAL (AK) SPECIFICATIONS

Patient Name: _____ Height: _____ Weight: _____ Age: _____

Side Effected: Left Right

Activity Level: 1 2 3 4

Fabrication Instructions:	
	Add Valve
	Add Shuttle Lock
	Add Lanyard System
	Bench Align Attach to Block
	Transfer Alignment
	Bench Align Set Up On Comps

Socket Fabrication:	
	AK Check Socket
	Flexible Inner Socket
	Gano Socket (1/3 Proflex)
	Laminated Socket / Non-Carbon
	Laminated Socket Carbon

Other Information:	
Lamination Color:	
Residual Limb Flexion:	
Set Socket Inflexion:	
Heel Height:	



ADDITIONAL INFORMATION / FABTECH SYSTEMS CFAB

Components to be supplied by Fabtech:

Components to be ordered from another supplier:

Additional fabrication instructions:

Thank you for choosing Fabtech Systems for your fabrication needs.
We inspect and consult on every job we receive to confirm all the details before any production starts. Expect a follow up call from us on every job.

Ship to:
Fabtech Systems, LLC
3304 Hill Avenue
Everett WA 98201

Phone Numbers
Toll Free: 1.800.FABTECH
Direct Line: 425.349.9557
Fax Line: 425.349.9559